

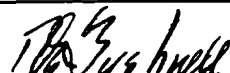
Address to: <b>Assistant Commissioner for Patents Box Patent Application Washington, DC 20231</b>	Attorney Docket No.	P56169RE
	First Named Inventor	KI-BONG YUN
	Original Patent Number	5,808,982
	Original Patent Issue Date (Month/Day/Year)	09/15/1998
	Express Mail Label No.	

1. ☒ APPLICATION FOR REISSUE OF: (check applicable box)    ☒ Utility Patent    ☐ Design Patent    ☐ Plant Patent

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO/1449 <input checked="" type="checkbox"/> Copies of IDS Citations (fifteen references)
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
4. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. §1.175) (PTO/SB/51 or 52)	10. <input type="checkbox"/> *Small Entity Statement(s) (PTO/SB/09-12) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired
<input checked="" type="checkbox"/> Original U.S. Patent	11. <input type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. §1.178) (PTO/SB/53 or PTO/SB/54)	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> Ribboned Original Patent Grant	13. <input checked="" type="checkbox"/> Other: <u>Request for Approval of Drawing Change(s)</u> <u>Check #37363 in the amount of \$948.00</u>
<input type="checkbox"/> Affidavit/Declaration of Loss (PTO/SB/55)	
<input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(If Yes, check applicable box(es))	
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)	
<input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement	
<input checked="" type="checkbox"/> Power of Attorney	

NOTE FOR ITEMS 1&10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. §1.27). EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. §1.28)

14. CORRESPONDENCE ADDRESS					
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Signature		Date	15 September 2000



09/15/00

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Approved for use through 9/30/00. OMB 0651-0033  
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PTO/SB/56 (2-97)

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

P56169RE

## Claims as Filed - Part 1

Claims in Patent	For	Number filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 17	Total Claims (37 CFR 1.16(j))	(B) 30	**** 20 =	×\$ ____ =	or	×\$18.00 =	180.00
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 4	* 1 =	×\$ ____ =		×\$78.00 =	78.00
Basic Fee (37 CFR 1.16(h))						\$ ____	\$ 690.00
Total Filing Fee						\$ ____	\$ 948.00

## Claims as Filed - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	×\$ ____ =	or	×\$ ____ =	
Independent (37 CFR 1.16(i))	***	MINUS	*****	0	×\$ ____ =		×\$ ____ =	
Total Additional Fee						\$	OR	\$

\* If the entity in (D) is less than the entity in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. \_\_\_\_\_ In the amount of \_\_\_\_\_.

A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-4943.

A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 948.00 to cover the filing/additional fee is enclosed.

15 September 2000

Date

Signature of Applicant, Attorney or Agent of Record

Robert E. Bushnell

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: KI-BONG YUN

Original Patent No. 5,808,982 issued on 15 September 1998

Serial No.: *to be assigned*

Examiner: *to be assigned*

Filed: 15 September 2000

Art Unit: *to be assigned*

For: DISK CALIBRATION AND SEARCH METHOD IN A CD-ROM DRIVE  
SYSTEM


**REQUEST FOR APPROVAL OF DRAWING CHANGE(S)**

Assistant Commissioner  
for Patents  
Washington, D.C. 20231

Sir:

Approval of the drawing changes to original Figs. 5 and 7 as shown in red, cancellation of original Fig. 6, and substitution of new Fig. 6 for the aforesaid cancelled original Fig. 6, is respectfully requested.

Respectfully submitted,

  
Robert E. Bushnell  
Attorney for Applicant  
Reg. No.: 27,774

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Folio: P56169RE  
Date: 15 September 2000  
I.D.: REB/kf

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EAT 9950